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1.	- OIP	<u>.</u>	PART E	B - FEE(S) TRANSMITTAL				
I a ii	Complete and send this form, together with applicable and send this form, together with applicable and send this form, together with applicable appropriate. All further correspondence including the Patent, advance of indicated unless three deep below or directed otherwise in Block 1, by (Commissione P.O. Box 1450 Alexandria, V Fax (703) 746-4000	r for Patents 	should be completed when at correspondence address a parate "FEE ADDRESS" for	
ņ	naintenance fee notification CURRENT CORRESPONDENCE 7:	r any change of address)	ny change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.			
	John C Freeman Brinks Hofer Gilso PO Box 10395 Chicago, IL 60610				I hereby certify the States Postal Servi addressed to the transmitted to the V	Certificate of Mailing or Tral at this Fee(s) Transmittal is bei ce with sufficient postage for f Mail Stop ISSUE FEE addres JSPTO (703) 746-4000, on the	ing deposited with the Unite irst class mail in an envelop is above, or being facsimil date indicated below.	
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Γ	APPLICATION NO. FILING DATE		FIRST NAMED IN		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
L	10/039,336	10/29/2001	<u> </u>	Robert S	etbacken	8371/9	1535	
L	nonprovisional	SMALL ENTITY NO	\$1400		PUBLICATION FEE	TOTAL FEE(S) DUE \$1400	08/05/2005	
Ī	EXAMINER		ART UNIT		CLASS-SUBCLASS			
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1. C	Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3.	B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T							
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGN		(B	B) RESIDENCE: (CITY and STATE OR COUNTRY) Golde, CA				
	Ronco Encoders Dhe. Go				e, CAT			
P	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 📈 Corporation or other private group entity 🔲 Government							
4:	, -			b Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
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5.	. Change in Entity Status (from status indicated above)							
_	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
T N in	he Director of the USPTO OTE: The Issue Fee and Poterest as shown by the reco	is requested to apply the Iss ublication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and I from anyone Office.	ny) or to re-apply any previ e other than the applicant; a	ously paid issue fee to the applicate or agent; or agent; or	cation identified above. the assignee or other party in	
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